2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

FILED Apr 30, 2008 08:00 AM Secretary of State

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1. Entity Name

EWE WAREHOUSE INVESTMENTS X, LTD.



Principal Place of Business

10165 N.W. 19TH STREET MIAMI, FL 33172 Mailing Address

10165 N.W. 19TH STREET MIAMI, FL 33172



DO NOT WRITE IN THIS SPACE

01242008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-1109859 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

EASTON, EDWARD W 10165 N.W. 19TH STREET MIAMI, FL 33172

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent.				
SIGNATURE ————————————————————————————————————				
Signature, typed or printed name of registered agent and title if applicable	DATE			

FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

	NOTE: General Partners wat NOT be changed on the							
	12.	GENERAL PARTNER INFORMATION						
	DOCUMENT #	L01000007341						
	NAME	EWE WAREHOUSE INVESTMENTS X, LLC						
İ	STREET ADDRESS	10165 N.W. 19TH STREET						
	CITY-ST-ZIP	MIAMI, FL 33172						
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	NAME							
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DO NOT WRITE IN THIS SPACE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: 4

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
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COUMENT #
STREET ADDRESS
CITY-ST-ZIP

8 IGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

APR 72008-305-593-222

Daytime Phone #